# What You Need to Know About Meaningful Use

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NOTE: The information shown below is subject to change, is provided for planning purposes only, and should not be considered as final.

### Meaningful Use is a new health initiative

Meaningful use is the name of a new initiative to improve the health of the nation. The meaningful use project was assigned to the Office of the National Coordinator (ONC) and the Centers for Medicare and Medicaid Services (CMS) through the American Recovery and Reinvestment Act of 2009 (ARRA). The ONC is creating criteria for what an electronic health record (EHR) should be able to do. CMS is creating guidelines on how EHRs should be used by health care providers and hospitals to improve the quality, safety, and efficiency of the health care system. To achieve meaningful use, health care providers and hospitals must meet the criteria created by the ONC and CMS.

Shown below are the links to the ONC and CMS guidelines.

**ONC EHR Guidelines** 

http://edocket.access.gpo.gov/2010/pdf/E9-31216.pdf

Proposed CMS Meaningful Use Guidelines

http://edocket.access.gpo.gov/2010/pdf/E9-31217.pdf

### The ONC requires EHRs to be certified

EHRs must be able to provide a secure environment for sharing information with other health care providers. They must also be able to give patients access to their health information. To demonstrate this, electronic health records must be tested and certified. The IHS will apply for certification for the IHS Resource and Patient Management System (RPMS) EHR in the fall of 2010.

### CMS requires meaningful use of EHRs

CMS must make sure that EHRs are being used to improve patient safety and the health care services. CMS will require reporting of two types of performance measures to show that providers and hospitals are making this happen: health information technology (IT) functionality measures and clinical quality measures.

# Meaningful use will provide benefits

It is anticipated that the adoption of meaningful use will modernize and extend health information throughout Indian country and the United States. Adoption of meaningful use will also provide financial incentives from both Medicare and Medicaid starting in the year 2011. Incentives will be available to hospitals and providers who are eligible to receive the additional money. CMS expects everyone to achieve meaningful use by the

year 2015. Hospitals and providers that do not achieve meaningful use by 2015 will receive penalties in their Medicare reimbursement starting that year.

# Meaningful use will happen in three stages

Meaningful use will happen in three stages. This will help programs to get the necessary work done over time. Stage 1 will begin in 2011. In 2013, stage 2 will begin. Stage 2 will add more requirements and new reports. Stage 3 will begin in 2015 and is expected to add more requirements.

### Meaningful use Stage 1

The first steps in achieving meaningful use are to have a certified electronic health record (EHR) and to be able to demonstrate that it is being used to meet the requirements. The IHS expects the RPMS EHR will be certified in 2010. The RPMS EHR will include new reports to assist health care providers and hospitals monitor how well they are meeting the meaningful use requirements.

For Stage 1, providers and hospitals will need to report their performance on the two types of measures described below.

 Health IT Functionality measures - These measures show how well a provider or hospital is using the EHR. For Stage 1 meaningful use there are 25 provider measures and 23 hospital measures. Most of the measures require the provider or hospital to meet a certain target. Two examples are shown below.

Stage 1 Measure for Eligible Providers	Stage 1 Measure for Hospitals
	At least 10% of all orders must be entered directly into the EHR by the provider

Some of the Health IT Functionality measures show how well the patient's information can be shared with other health care systems. This is known as "interoperability." Increased interoperability among EHRs where information is exchanged according to established national standards will ultimately allow health care providers to have access to a complete view of the patient's medical history, rather than a snapshot of the care that has occurred only at the provider's own health care facility.

2) <u>Clinical Quality measures</u> – These measures show how meaningful use and other initiatives have improved the care that patients receive. These measures will be reported for each provider and hospital. For Stage 1, Medicare requires providers to report on three core measures and three to five additional measures that vary depending on the provider's specialty of care. Hospitals are required to report on a set of 35 Medicare inpatient measures and potentially eight Medicaid inpatient measures. For Stage 1 meaningful use, providers and hospitals are not required to meet any targets. Two examples are shown below.

Stage 1 Measure for Eligible Providers	Stage 1 Measure for Hospitals
who were queried about tobacco use one or more times within 24 months	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.

### OIT's responsibilities to achieve meaningful use

The IHS Office of Information Technology (OIT) is working to ensure the RPMS EHR is certified in 2011, is capable of achieving meaningful use, and is deployed by January 1, 2011. OIT is responsible for communicating the ONC and CMS requirements to the tribes to ensure the tribes have a clear understanding of the responsibilities of IHS, the Area Offices, and the providers and hospitals in order to achieve meaningful use.

## IHS OIT meaningful use web site

To keep you informed, we have created a Meaningful Use web site, which includes a calendar of events related to meaningful use. Visit this site for the latest information:

http://www.ihs.gov/recovery/index.cfm?module=dsp\_arra\_meaningful\_use

Subscribe to Section RSS: The Meaningful Use web site also now has an RSS feed that you can subscribe to so you can stay informed as the site is updated. Subscribing is easy:

- 1. Click the "Subscribe" link at the top of the web page.
- 2. When the subscribe page opens, click the "Subscribe to this feed" link.
- 3. In the dialog box that appears, click the "Subscribe" button.

#### Area and provider/hospital responsibilities to achieve meaningful use

Achievement of meaningful use will not be accomplished only through the steps taken by the IHS OIT. Rather, actions must also be taken by the Area Offices, providers, and hospitals to achieve meaningful use, as described below.

- Review all IHS meaningful use presentations.
- Visit the IHS meaningful use website at: <a href="http://www.ihs.gov/recovery/index.cfm?module=dsp">http://www.ihs.gov/recovery/index.cfm?module=dsp</a> arra meaningful use
- Review the ONC and CMS guidelines to understand the details of the requirements.
- Ensure each EHR site has a clinical applications coordinator (CAC).
- Ensure all relevant staff has received training on the appropriate methods for using and documenting in the EHR.
- Change business processes as needed to achieve meaningful use. For example, ensure that providers enter at least 80% of all orders with computerized provider order entry (CPOE).
- Meet the interoperability requirements.
- Determine incentives eligibility and apply for the incentives.
- Talk to your state health information organization to determine requirements for exchanging information (e.g. immunization, patient summary record). Notify the IHS OIT of the state's requirements.

- Talk to your state Medicaid program to determine if quality measures other than the Medicare measures will be required for reporting in 2012. Notify the IHS OIT of the state's requirements.
- Use the tools that will be added to RPMS for reporting of health IT functionality and clinical quality measures and know how the information needs to be reported to CMS and/or the state Medicaid programs.

# **Summary**

Achieving meaningful use does not simply mean installing a certified EHR. Rather, it is just the beginning. Meaningful use will only be achieved by the collaborative work between the IHS OIT, the Area Offices, and providers and hospitals that will apply for the incentives. The requirements for achieving meaningful use are not final yet and are subject to change. However, we cannot wait until they are finalized to begin work – we must start NOW!